

IHS Integrated Diabetes Education Recognition Program Pre-Approved Curricula

Programs may use any curriculum, including locally developed ones, in their diabetes education program. However, programs using a curriculum other than those listed below will need to include a copy of their curriculum with their application for recognition. They will be evaluated for compliance with Recognition Program Standards and Review Criteria. A sample locally developed curriculum is included on the following pages.

The following curricula are pre-approved by the IHS Integrated Diabetes Education Recognition Program:

Albuquerque Model Diabetes Program, Albuquerque, New Mexico

Basics, International Diabetes Center

Claremore Model Diabetes Program Curriculum, Claremore Okmulgee, Oklahoma

Gila River Model Diabetes Program Curriculum (1994-2002 editions), Sacaton, Arizona

IHS Balancing Your Life and Diabetes Curriculum, IHS-NDP, Albuquerque, New Mexico

Life with Diabetes: A Series of Teaching Outlines, American Diabetes Association

Muscogee (Creek Nation) Diabetes Program Curriculum, Oklahoma

Type 2 Diabetes, American Diabetes Association

IHS Integrated Diabetes Education Recognition Program Sample Locally-Developed Curriculum

Curriculum:

A set of teaching modules provides a structured core of education for the patient. Each module contains the measurable objectives of the teaching unit, visuals to be used, content curriculum, a pre/post test for the patient and cue sheet.

Patient handouts and the materials corresponding to “average” usage level in the Wagner community accompany each module. Based on patient information found in the individual assessment summary and on the education flow sheet, instructors alter teaching methods and handouts. For example, handouts of higher or lower complexity are available for many modules to correspond to the patient’s reading or motivation level.

Diabetes Education Module:

(Components used as individual needs indicate)

- I. Teaching outline with documentation component.
- II. Teaching Assessment Questions and Teaching Plan

The exact content outline and objectives are as follows:

- ❑ Describing the Diabetes Disease Process and treatment options = IHS Basic Objective I & II.
- ❑ Incorporating appropriate Nutritional Management = ADA “Life” Core 3-6; Supplemental 17-22
- ❑ Incorporating Physical Activity into lifestyle= ADA “Life” Core 7
- ❑ Utilizing Medications (if applicable) for therapeutic effectiveness; = ADA “Life” Core 8-9
- ❑ Monitoring blood glucose, urine ketones (when appropriate) and using the results to improve control; = ADA “Life” Core 10-11
- ❑ Preventing, detecting and treating Acute Complications = ADS “Life” Core 11
- ❑ Preventing (through Risk Reduction behavior), detecting and treating Chronic Complications = IHS Complications Series All Objectives
- ❑ Goal Setting to promote health and Problem Solving for daily living = ADA “Life” Core 15
- ❑ Integrating Psychosocial Adjustment to daily life; = IHS Basic Diabetes and Feeling
- ❑ Promoting Preconception Care, management during Pregnancy and Gestational Diabetes Management (if applicable) = ADA “Life” Supplemental #24

Note:

1. Assessment sheets are placed prior to each teaching plan. These are to be used as guidelines in assessing what patient/family need to know or what resources they should be referred to.
2. Use the “Learner Objectives” as a way to post-test the patient’s understanding. Be sure to document learning level as well as what content was presented.
3. Keep all information very simple; say it in more than one way if the patient/family appear not to have understood.
4. Try to give only small, “digestible” amounts of information at one time (for groups, about 15 minutes; for 1:1, about 20-30 minutes or less).

5. All information contained in all teaching plans need not necessarily be taught to every patient. Information should be chosen from the plans and modified according to patient/family needs and only that part documented that was actually taught.
6. The approach to the patient should always be positive, praising him/her and offering encouragement as often as is honestly possible. Refrain from scolding the patient for what may appear to you to be “non-compliance.”
7. Any staff member who assesses the need for the patient to be referred to any other service (i.e., Mental Health, Social Services, etc.) should initiate such referral as soon as the need is assessed.
8. Family member(s) should be included as much as possible in the education process. The more family members know about diabetes and the care of the patient, the easier it will be for the patient in the home setting.

Source: Wagner IHS Diabetes Program Policy & Procedure Manual